

✓  
SOME  
PRACTICAL FACTS

ABOUT

Displacement of the Womb.

WITH



SUGGESTIONS FOR TREATMENT.

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PRESENTED,  
WITH THE COMPLIMENTS OF THE  
DR. McINTOSH NATURAL UTERINE SUPPORTER CO.,  
192 JACKSON STREET,  
CHICAGO.

# INTRODUCTION.

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*This pamphlet is intended to present briefly a view of the various Displacements of the Womb, and illustrate the striking adaptability of the Natural Uterine Supporter to such dislocations. The well informed physician will recognize the cuts and many of the facts as taken from standard works on Diseases of Women. The endeavor of the writer has been simply to present some practical facts on the subject, and illustrate the great value of our Supporter. It is a plain, matter-of-fact essay, without any attempt at fulsome laudation, and merits a careful and thoughtful perusal. The natural sympathies of every noble mind go out toward suffering humanity, and the charity that "thinketh no evil" will hail anything that promises relief, as this Supporter has in hundreds of cases. The fact that **THOUSANDS** of these instruments are in use ought to be sufficient testimony of their value, and still a candid, skillful trial is earnestly solicited.*

*Yours very respectfully,*


**Dr. McIntosh's Natural Uterine Supporter Co.**

**CAUTION.**—We call particular attention of Physicians to the fact that unscrupulous parties are manufacturing a worthless imitation of the **McINTOSH NATURAL UTERINE SUPPORTER**, and some dishonest dealers, [for the sake of gain] are trying to sell them, knowing they are deceiving both Physician and patient.

**PERSONS RECEIVING A SUPPORTER.**

will find, if it is genuine, the directions pasted in the cover of the box, with the head-line "**DR. L. D. McINTOSH'S NATURAL UTERINE SUPPORTER**"; a cut on the right showing the Supporter and on the left its application; also the Fac Simile Signature of **DR. L. D. McINTOSH**; Each pad of the abdominal belt is stamped in gilt letters, **DR. McINTOSH'S NATURAL UTERINE SUPPORTER CO., CHICAGO, ILL.**, and the bottom of base of cup is stamped, **DR. McINTOSH'S N. U. S. CO., CHICAGO.** Each box also contains our pamphlet on "**DISPLACEMENTS OF THE WOMB**" and an extra pair of **RUBBER TUBES**. **IT IS AN ADVANTAGE IN ORDERING DIRECT FROM US** as we exchange cups at any time without extra charge, and are able to fit any case that requires uterine support. The inventor, **DR. L. D. McINTOSH**, is connected with the main office, and gives his personal attention to orders.

**DR. McINTOSH NATURAL UTERINE SUPPORTER CO.,**  
*192 & 194 Jackson St., CHICAGO, ILL.*

 On purchasing a Supporter don't fail to examine the bottom of the cup, all genuine are stamped in the rubber, thus; "**DR. McINTOSH N. U. S. CO., CHICAGO,**" all others are bogus.

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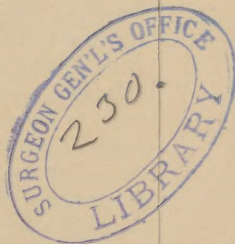
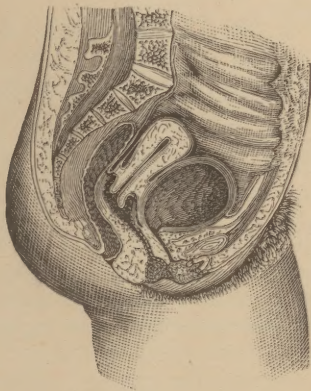


ABOUT

# UTERINE DISPLACEMENTS.

PROLAPSUS, ANTEVERSION, RETROVERSION.—TREATMENT, ETC.

“WHY is so much written and why so many appliances devised for displacements of the womb?” The only answer is, that the uterus is so easily and frequently displaced, and causes so much distress and inconvenience when dislocated, that the natural sympathies of humanity prompt the profession to devise effectual means of cure.



NATURAL POSITION OF THE UTERINE ORGANS.

The womb occupies a central position in the pelvis, or lower abdomen, having the bladder in front, the rectum behind, the vagina below, and the intestines above.

The womb is sustained in this position by the surrounding organs and tissues, and also by certain ligaments which extend from the different parts of its walls to the neighboring bones.

The most powerful and important of these supports of the uterus is unquestionably the vagina. This organ is not, in the ordinary condition of the parts, an open tube, but its anterior and posterior

walls, except when pressed apart, lie in close contact with each other, forming in effect a solid column. This, in its turn, rests upon the perineum below.

*The womb is sustained in its position chiefly by :*

1. Its attachment to the vagina.
2. The utero-sacral ligaments, which are attached to the upper portion of the cervix, on its posterior surface, and pass backward to be inserted into the sacrum.
3. The utero-vesical ligament, which passes from the anterior surface of the cervix-uteri to the posterior wall of the bladder.
4. The broad ligaments and round ligaments, attached to the body of the womb on either side, pass to the sides and front of the pelvis respectively, and tend to prevent the organ from falling backward ; while the bladder in front performs a similar office in the opposite direction.

The womb is a movable organ, and these structures which are called its supports do not by any means prevent its motion, but rather, by their softness and elasticity, predispose to it. Each respiratory effort is accompanied by a rising and falling of the womb to a slight extent. It is, moreover, subject to a considerable degree of motion forward and backward, by the varying conditions of the bladder and rectum. The position varies somewhat during the month. At the time of menstruation it is heavier and lies lower in the pelvis for a few days. After that it again rises to its normal position. The importance of a knowledge of this natural mobility of the organ will be made apparent when we come to the consideration of the treatment of the various forms of displacement.

#### VARIETIES OF DISPLACEMENTS.

The womb is displaced when the change from its natural position has become habitual or permanent. A slight deviation from its normal place, or even a considerable deviation when of temporary duration only, is not to be considered a displacement. For example, the organ may be depressed below its customary situation in the pelvis temporarily, as by a tightly laced corset or dress, and on the removal of this cause it returns to its proper place. Such an instance would not properly be regarded as one of prolapsus. Or, the body of the organ may, from the periodical distension of the bladder and rectum, be thrown backward or forward to

a much greater degree than usual; and yet, if upon the removal of the displacing cause the organ resumes its normal position, we cannot consider the case as one of retroversion or anteversion. So that *permanency of malposition is an essential element of displacement.*

The womb may be displaced in every conceivable direction. It may fall below its usual level, or it may rise above it; it may be tilted forward, backward, or sidewise; it may be bent in either of these directions; it may be twisted on its axis; or, finally, it may be turned inside out.

It is not necessary for the purposes of this paper that we should speak of all these varieties in detail, and we shall therefore only consider those which are of most frequent occurrence, viz.: prolapsus, anteversion, and retroversion.

#### CAUSES OF UTERINE DISPLACEMENTS.

The causes of displacements of the womb are many. One of the chief causes is *over exertion about the month.*

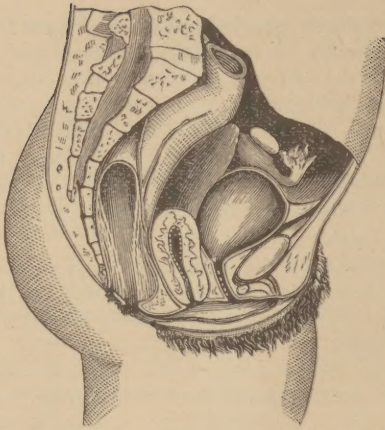
When we take into consideration the fact that the womb and its appendages are at least one-third heavier and bulky, and somewhat lower, at that time, we can easily understand how fatigue, sudden exertion, colds, excitement, falls, constipation, etc., can produce serious displacements.

#### WHICH FORM OF DISPLACEMENT IS MOST FREQUENT.

"Doctor, which are the most frequent forms of uterine displacement you meet?" is a question which was asked by a medical editor of a large number of physicians, and the answer was almost unanimous—"1, prolapsus; 2, anteversion; and 3, retroversion."

"Do you meet very often 'procidencia,' i. e., complete prolapsus, 'anteflexion,' 'retroflexion,' and 'lateral versions!'" Again the almost uniform reply was "Very rarely indeed."

"Well, let me ask you again, which of all the forms is the most frequent?" A St. Louis physician of large gynecological experience said, "Formerly, i. e., twenty years ago, I used to meet with prolapsus more frequently than anything else, now retroversion is most frequent." Another, a Chicago physician, who had seen many European as well as American cases, said he thought anteversion was the most frequent. It was the general concurrence that prolapsus exists in all, and is no doubt largely responsible for all the forms of uterine deviation.



## FALLING OF THE WOMB

### CAUSES, SYMPTOMS, MANAGEMENT, ETC.

This form of displacement, being the most frequent, most annoying, is the most difficult of cure. It does not seem possible that such a small body, by dropping down two or three inches, could cause the distress that is generally produced, but when we understand the parts and their relations, the truth is painfully apparent. The womb is really wedge-shaped, and so is the pelvis. Now, with the rectum behind and the bladder in front (both periodically distended), we can readily see how prolapsus of the womb means distress. Then if we remember that the sensitive ovaries are dragged down also, we can readily comprehend the peculiar nervous irritability of those suffering from this form of uterine trouble.

*The causes of falling of the womb are :*

1. Those influences which increase its weight, as inflammation, congestion, the development of tumors within its walls, polypi, colds at the month, etc.

2. Those which exert pressure upon it from above, as tight clothing, muscular efforts, abdominal tumors, constant standing, constipation, etc.

3. Those which drag it downward, as prolapsus of the vagina, bladder, or rectum, piles, polypi, or fibrous tumors of the cervix, etc.

4. Those which weaken the uterine supports, as relaxation of the vaginal walls, rupture of the perineum, marital excesses, etc.



*The symptoms of prolapsus of the womb consist of dragging pains, and sensations of weight in the pelvis; irritability of the bladder, manifested by frequent and painful attempts to urinate; disturbance of the functions of the rectum, producing constipation, hemorrhoids, ulceration, &c.; pains in the back and loins; fatigue in walking; inability to lift weights; leucorrhœa, and other signs of congestion.*

The chief and most persistent and annoying symptom is a dragging weight in the back and loins. These symptoms are not all present in every case, and they vary in intensity very greatly in different women, and even in the same woman at different times. It is a well recognized fact, too, that the severity of the symptoms does not bear any relation commonly to the degree of the displacement, some women suffering more from a mere depression of the organ below its accustomed place than others who have the malady in its worst form, with the womb protruded and dangling between the thighs.

The serious complications that may arise in cases of prolapsus should be borne in mind, and a case of this kind should never be neglected. Ulceration, leucorrhœa, disorders of the bowels and bladder, nervous irritability, &c., are apt to speedily complicate matters.

*The management of a case of prolapsus demands much skill. All the causes and complications should be duly considered. The success in curing this disorder will depend very much upon the condition of the uterus and vagina, apart from the prolapsus. Should the womb be very greatly enlarged from a fibrous tumor in its walls, or other cause cause little amenable to treatment, no amount of support which the organ is capable of enduring will be found sufficient to sustain it. And, heretofore, the means in common use for supporting the organ, even when nearly of normal size and weight, have been found inadequate and unsatisfactory in cases attended with distension and thinning of the vaginal walls. However, in this last class of cases, as well as in all others, we hope to show that there is much to be hoped for from the use of the means of treatment to which we desire to call attention.*

In every case of chronic prolapsus, whatever may have been the original cause producing it, there will be found a weakened condition of the uterine supports, associated with increased weight of the displaced organ. Treatment must be directed, therefore, to the accomplishment of two objects, namely:

1. *To diminish the weight of the womb, and protect it from downward pressure.*
2. *To strengthen the uterine supports.*

The means at our command for the purpose of effecting the first of these objects consist of the following:

1. The prohibition of tight clothing.
2. The removal of the weight of the intestines.

3. The avoidance of lifting weights, and of making other great muscular efforts.
4. Prevention of accumulation in the bladder or rectum.
5. Removal of polypi, tumors, etc., by operation.
6. Removal of inflammation, congestion, and their results, by appropriate treatment.

One of the most common influences in inducing and maintaining prolapsus is the wearing of tight and heavy clothing supported from the abdomen and hips. In the normal condition of the parts, the important respiratory muscle, the diaphragm, rises and falls, and the base of the chest contracts and expands with each expiration and inspiration. If, however, the waist be tightly constricted by a belt, or corset, or tight clothing, the lateral expansion of the chest is prevented, and the diaphragm forces the intestines downward upon the movable uterus, pressing the latter organ down upon the floor of the pelvis. In addition to this force, several pounds of clothing are bound around the contracted waist, and held up by the hips and abdominal walls. The uterus is subject to this pressure as much as fourteen hours of the twenty-four, and the effect of such baneful practice in producing prolapsus can be readily seen and understood. It seems hardly necessary to say that one of the first essentials to the cure of a case of prolapsus brought on or continued by such a state of things must consist in the removal of the cause. The clothing should be suspended entirely from the shoulders by means of a skirt-supporter, which consists simply of a pair of suspenders, such as any ingenious woman can contrive for herself, or which may now be purchased ready-made of the dress-makers in any of our large cities; and the dress should be worn so loosely about the waist as to offer absolutely no impediment to the fullest respiration.

The weight of the intestines may be greatly lessened, also, by the use of a proper *abdominal supporter*, in persons especially who have a prominent abdomen. Many of the contrivances sold under the name of abdominal supporters are not only useless, but absolutely hurtful. To be of benefit it should not reach above the navel, nor should its action consist in simply compressing the abdomen. The proper function is to take from the organ the undue weight and pressure of the abdominal contents, and in doing this it should act just in the manner of the patient's hands when she raises the lower abdomen. This produces a powerful upward tension or suction, so to speak. This action of the supporter is too much overlooked.

(7) The recumbent posture, persevered in for a sufficient time, would materially aid the use of the foregoing means; but this very few women can afford.

In cases of long standing and severe engorgement, injections of glycerine and water, equal parts, is the most popular local treatment.

*The second* indication in the treatment of prolapsus, and the one of paramount importance, consists in the strengthening of the uterine supports, by the use of a natural uterine supporter.

The great mass of medical practitioners who attempt at all to treat displacements of the womb habitually use pessaries. Experience has shown them that unless they do use them they cannot do more than alleviate the sufferings of many of this class of patients.

The instruments that derive their support from inside the vagina, as rings, balls, &c., necessarily distend that organ, and lead the way, not to a radical cure by enabling its walls to contract, but produce the very opposite effect, so that when the patient seeks to abandon the use of the instrument, she finds herself frequently in a worse condition than before.

These instruments frequently make injurious pressure against the bladder and rectum. Their mode of operation requires, as previously stated, that they *fill* the vagina, and in doing this they necessarily press against the neighboring organs, and this undue pressure induces disease. In some instances they have been known to do more than this—they have gone through the vaginal walls and *into* the neighboring parts. This class of supports is falling into disrepute, except in a few cases.

*A supporter to be fully useful, and at the same time to produce little discomfort:*

1. It should keep the uterus out of the vaginal canal.
2. It should produce no pressure against parts unaccustomed to pressure.
3. It should not distend the vagina.
4. It should be adaptable to every size and shape of the vagina.
5. It should be capable of removal and replacement by the person wearing it.
6. It should sustain the womb in the same manner as the organ is sustained by the normal vagina.
7. It should be composed of a material which will not become changed by contact with the uterine and vaginal discharges.

In fine, it should afford "*assistance without interference.*"

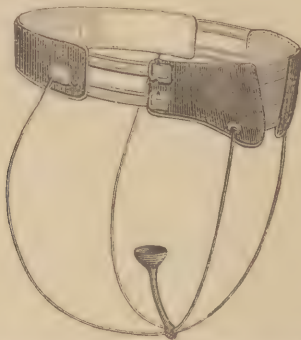
*The desirable features of a uterine supporter are :*

1. It must be adapted to a large class of cases.
2. It must be worn with ease and comfort.
3. The price must bring it within the reach of all.

*Principles of cure :*

1. The bowels must be kept out of the pelvic cavity.
2. It must keep the uterus *near* its normal position, and at the same time allow it to conform to the various motions of the body.
3. The artificial support must be so elastic that, while it sustains the uterus near its proper position, must still allow much of the support to come upon the natural ligaments.

Elastic and not rigid apparatus is the surgical demand of this enlightened and scientific age.



THE DR. MCINTOSH NATURAL UTERINE SUPPORTER

meets pre-eminently all the demands of a rational supporter.

1. *The broad, light, elastic abdominal belt* lifts the intestines out of the pelvic cavity, and thereby exerts an upward tension of the ligaments and at the same time an upward suction, so to speak. It also supports the weakened muscles of the back and abdomen, and thus enables them to regain their normal tone.

We have many reports of the good done by this part of the instrument. It enables the patient to stand erect, and relieves the gone feeling at the stomach, the dragging in the chest, palpitation, dyspepsia, constipation, biliousness, &c., so often complained of in cases of prolapsus.

When the uterine ligaments have so far recovered their strength and elasticity that they are able to hold the uterus in place alone,



the bandage should still be worn, when any long walks or rides are to be taken, and especially should not be hastily left off when the person has to be on the feet much at a time.

2. *The inside support being made of rubber*, may be bent, in hot water, into any angle to suit any case. The cup which supports the uterus and the vaginal stem have the tendency to induce contraction and strengthening of the vaginal walls, so that, when removed, these previously relaxed walls will prevent any future displacement. This is a practical point. The cup, as will be seen,



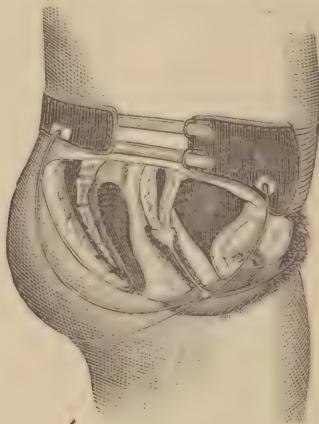
CUP FOR PROLAPSUS.

is very shallow, so that there is no constriction of the neck of the womb (as in the use of a ring) during the time of its periodical engorgement, or in case of sudden congestion, as frequently occurs in the course of uterine diseases. The neck rests easily in the shallow cup, and any secretions pass through the openings. Reports have reached us, in which an engorged neck, when raised to its normal place, seems to have been rapidly drained and reduced to the natural size. The large holes in the cup especially favor this.

3. *The rubber cords*, attached as they are to the abdominal belt at FOUR points, maintain an even, gentle and NATURAL support to the uterus. These cords pass through the end of the stem, which protrudes just below the vulva, then separate to pass around the limbs up to the side and front of the hips, where they are attached. They, therefore, do not in any way interfere with nature's necessities.

The cords are not only of rubber, to accommodate the supporter to the various positions of the body, but possess another great advantage, which is, that they may be lengthened or shortened, as the case may require.

This supporter, when applied, as will be seen, answers all the requirements of a natural supporter, and gives very general satisfaction.



SUPPORTER APPLIED.

Many cases of chronic displacement, which have been aggravated by other instruments, have been gradually and eventually cured by the use of this Natural Uterine Supporter.

*How to apply it.* Have the patient put on the belt, having previously attached the tubes at the back, after threading the tubes through the holes in the stem. Then she should recline on the side, and the womb having been replaced to *near* its normal position, the cup is then introduced. Draw the tubes up snug, and then fasten them in front.

In bad cases, and if there is much irritation or inflammation, the tubes should be quite loose at first, and they then may be gradually tightened. The belt should fit snugly at the lower side only, and the upper edge should be quite loose. The woman should wear no corsets, and should support her skirts from the shoulders. The instrument should be worn till the ligaments are all able to support the uterus alone. The cup may be removed during menstruation, if it produces any annoyance, and the patient should keep very quiet most of this time. The belt may be kept on: a few days may be allowed after menstruation, to test the strength of the ligaments. If able to hold the womb well up, the belt only need to be

worn; finally, this may be laid aside, when all is right. When any severe exertion is to be made, the belt should, however, be worn, fitting snugly below.

The time the supporter should be worn will vary. The fact that it may be worn in parts is an advantage that is noteworthy. In this way it develops the tone of the ligaments and muscles in a remarkable degree.



### ANTEVERSION OF THE WOMB.

#### CAUSES, SYMPTOMS, MANAGEMENT, ETC.

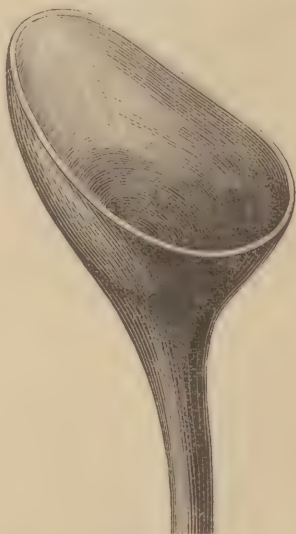
*Anteversion* is another frequent displacement of the womb. It consists in the falling forward of the body of the organ against the bladder, the cervix being at the same time thrown backward and upward toward the promontory of the sacrum. The causes which produce this displacement are, many of them, the same as those which induce prolapsus. They consist of those influences which increase the weight of the uterus, weaken the uterine supports, and finally drag the fundus forward. The round ligaments are marked contracted. Nervous, irritable patients frequently have this form of displacement.

The symptoms produced by anteversion of the womb are chiefly those which result from any accompanying disease of the womb, as inflammation, ulceration, etc.: and those which arise from the

undue pressure against the bladder. The pressure of the os uteri against the rectum induces dysmenorrhœa, sterility, and occasions tenesmus and irritability of the bowels.

In some instances anteversion may exist in a marked degree without creating either local or constitutional disturbance. The chief symptom of this displacement is irritation of the bladder.

*The management* consists, 1st. In the removal of any existing cause; and 2d. In restoring and maintaining the organ in its proper position. The means necessary for the first indication will be suggested, of course, by the peculiarities of each case, while for the second we believe that our supporter is superior to any mechanical appliance yet proposed for the purpose. The long lip of the cup is to be placed in the anterior cul-de-sac, where it



ANTEVERSION CUP.

receives the weight of the body of the organ, restoring and maintaining it in proper position, and preventing any pressure from coming against the bladder. At the same time the cervix uteri, being engaged in the cup, is drawn downward and forward to its proper place in the vagina. The abdominal belt relieves the peculiarly shaped abdomen by relaxing the contracted muscles and restoring the normal shape of the body. The relief afforded in these cases by our instrument, carefully adjusted, is really wonderful.





## RETROFLEXION AND RETROVERSION.

### CAUSES, SYMPTOMS, MANAGEMENT, ETC.

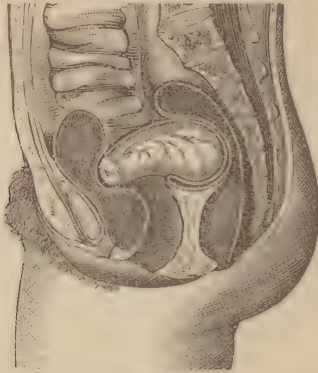
These conditions are the reverse of those just considered. When the organ is retroflexed, the os uteri is frequently found occupying its normal position, while the body has the backward inclination, as shown above, in its slight and severe form. In retroversion, the body of the womb is inclined backward so that it rests in the hollow of the sacrum, while the cervix is carried forward and upward. This is the more frequent form.

There are, perhaps, very few cases of retroversion or retroflexion of the womb that are not accompanied or produced by some disease of the organ. While anteversion and anteflexion are favored by the natural forward obliquity of the womb, and may be brought on simply by the pressure of the abdominal contents forced downward by tight clothing or muscular efforts, this is rarely true of the affections under consideration. Here some diseased change in the womb or its appendages are usually the first steps in the disorder. Anteversion is most frequent in the unmarried; retroversion and retroflexion, on the contrary, occur oftener among women who have borne children.

*The symptoms* of this form of displacement are chiefly those mentioned under prolapsus. Constipation, severe backache, and a marked relief from lying on the face, are quite prominent symptoms. The latter is most diagnostic.

*The management* of a case of this kind is perhaps a little more difficult than that of the other variety. The monthly engorgement

of the organ renders it more obstinate. The belt should be put on first loosely. The womb should be replaced while the patient is



CASE OF RETROVERSION.

on the knees and face position, and the long lip of the cup introduced well up into the posterior cul-de-sac. The patient should then lie on the side, and the straps adjusted properly; the side ones being rather tighter than the front ones. This pressure should, at first, be very moderate, in order to avoid injury to the parts. Commonly, the instrument should not elevate the fundus more than half inch from its malposition during its first week of treatment. At the end of this time, or whenever tolerance of its presence is fully established, it may be elevated a little more, and so on, from time to time, until the organ is fairly in place. The patient should be instructed to walk very erect, this will aid to increase the pressure against the body of the womb, and at the same time, render tense the weakened round ligaments. The instrument should always be worn some time afterward, however, in order to permit the natural supports to fully regain their power, and thus prevent a relapse.



CUP FOR RETROVERSION.

## DIRECTIONS FOR ORDERING.

Much of the success in the use of our instrument has been in its ability to adapt itself, so to speak, to the various cases and forms of displacement. Particular measurement is not necessary. It will be well, however, for those ordering to get the size of instrument they need. We make three sizes of Abdominal Belts, measuring as follows:

**Small size, 24 to 28 inches.**  
**Medium " 28 to 36 "**  
**Large " 36 to 48 "**

The measurement should be *about the hips at the lower border of the belt*. A patient may have a small waist and very broad hips. The lower part of the instrument should fit snugly and comfortably. The belt may be worn alone in many slight cases to advantage.

We have different sizes of Cups. Those generally used are:

Small size, which is 1 inch in diameter, with stem  $2\frac{1}{4}$  inches in length.  
 Medium " "  $1\frac{1}{4}$  " " " " 3 " "  
 Large " "  $1\frac{1}{2}$  " " " " 3 " "

The Cups for Anteversion and Retroversion correspond with these, with the addition of a lip on front or back (see pages 12 and 14). We can furnish cups necessary for any peculiar case.

***The Medium Size Belt with Medium Size Cup will answer for and suit the majority of cases, and is sent where no special instructions are given.*** But in ordering the supporter for any case of either retroversion, anteversion, or any flexion, it will be best to describe the case, so the proper cup, etc., can be sent to suit. This will avoid delay in changing, etc.

*The cords* are hollow soft rubber tubes, and very elastic, and if drawn tightly will produce great upward pressure. Care should be taken that they are of equal tension.

Do not attempt to lift the uterus too high; a short stem rather than a long one is best, or great harm and annoyance will be the result. In all forms of displacement it is best *not to try to do too much at once*. By gradually elevating the womb, it will tend to coax the ligaments to take on their normal functions, and will be more comfortable for the patient. The stem, being of hard rubber, may be warmed over a lamp (being careful not to burn), or immersed in hot water for a few minutes, when it can be bent to fit any unusual case. Any physician on receiving the instrument will at once understand how to apply it, although we give full directions for its

appliance on page 10. The patient once having it applied properly can remove and replace it at her pleasure. It may be worn at night, or left off, as the patient or her physician may think best.

## PRICE LIST, ETC.

The Natural Uterine Supporter has received the endorsement and recommendation of the medical profession generally, and is now more in use than all other similar instruments taken together. It gives universal satisfaction, as we have never yet found a case where it has failed. Any part of the instrument may be ordered separately, but we would prefer to sell the complete instrument.

To place it within the reach of all, we have made the following price list:

<b>Instrument complete, to patients,</b>	<b>\$10.00 each.</b>
<b>Abdominal Belt, separate,</b>	<b>5.00</b>
<b>Cup and Stem,</b>	<b>5.00</b>
<b>Rubber Tubes, 25 cents per pair.</b>	

Instruments can be sent by mail or express. If sent by mail, postage will be 16 cents, which should be added to the remittance.

Give full Name, Post Office, County and State.

For further information, address

**DR. MCINTOSH'S NATURAL UTERINE SUPPORTER CO.,**  
192 JACKSON STREET, CHICAGO, ILL.

## TESTIMONIALS.

Thousands of suffering patients, after having tried almost every article known without success, have found relief and a cure through this instrument. We have an immense number of letters and testimonials from the most eminent physicians, as well as from relieved sufferers, testifying to the merits of the instrument, but not having space to publish many in this little pamphlet, have only selected a few voluntary expressions.

SAVANNAH, Ga., April 27, 1876.

*Dr. McIntosh's N. U. Supporter Co.:*

GENTLEMEN—I have now in use two of your uterine supporters, ordered within a year, and they have afforded all the relief and benefit claimed. They are the best instrument made for the relief of displacements. There are none that I have used with more satisfaction to myself, or greater benefit to my patients.

J. D. F., M. D.

FARIBAUT, Minn., Oct. 6, 1875.

The Supporter has worked wonders. The worth of your most excellent instrument cannot be expressed in words, and is above all price. I am recommending it heartily to all my sex who are in need of such a friend. I am a wonder to all my friends, who a few months ago thought me beyond help and near the grave. Please accept my heartfelt thanks, and believe me, very gratefully, yours truly,

MRS. A. A.



TOLEDO, Ohio, Oct. 28, 1875.

I procured one of your Natural Uterine Supporters some time ago, and it is such a perfect instrument that I shall use no other. In fact, it is the most perfect instrument for all forms of displacements that I have ever seen, and just what the profession has so long needed.

R. H. C., M. D.

BROWNHELM, Texas, Feb. 5, 1876.

GENTLEMEN—I consider your Natural Uterine Supporter a Godsend through man for the relief of women suffering from displacements of the womb.

Yours truly,

J. H. S., M. D.

MIDLAND CITY, Mich., Oct. 12, 1875.

I have suffered very much with prolapsus. For years I could not lie on my feet at all until Dr. C. got me one of your Supporters the first of July. Since then I have enjoyed better health than I have had for five years. I feel very grateful.

MRS. E. C.

MT. OLIVET, Ky., Sept. 30, 1875.

The Natural Uterine Supporter that I ordered from you is the most perfect instrument that I have ever seen. Its success in that case now calls for another.

L. H. C., M. D.

REEDY RIPPLE, W. Va., July 13, 1875.

I received your Supporter by express. The lady I got it for had been confined to her room for upward of eight months. Since using your Supporter she is able to attend to her household duties. It is giving good satisfaction.

R. F. T.

LAMINE, Mo., Sept. 3, 1875.

The patient for whom the last Supporter was ordered is relieved of a malady of eight years' standing. She is now visiting her neighbors and attending church, looking well and feeling happy.

H. B. R., M. D.

SPURR MT., Mich., June 21, 1875.

My affliction, Falling of the Womb, has been of long standing, and I am an old lady, but I find great relief in wearing your Natural Uterine Supporter. Indeed it is a great comfort to me, and I believe the instrument has all the merits you claim for it.

MRS. E. P.

OWENSBORO, Ky., Sept. 16, 1875.

I wish to say that the Supporter sent has been of vast service to my patient, and I am truly glad of it. She tells me it is just what she needed. I expect to order another one in a few days.

J. Q. A., M. D.

ROCHESTER, Pa., Aug. 30, 1875.

I have been using in my practice your very excellent Uterine Supporter. No instrument, in my opinion, equals its perfect adaptation to Prolapsus Uteri, with its abdominal benefit.

J. C. L., M. D.

IRON HILL, Iowa, Jan. 31, 1876.

Having suffered greatly with Prolapsus, I purchased one of your N. U. Supporters, which I have been wearing for some time, and am happy to state that I am enjoying better health than I have for five years.

MRS. M. J. H.

TAZEWELL, Va., June 28, 1875.

The instruments you sent me have been in use over a month, and I am more and more pleased with them. I have shown the instrument last sent me to a number of my medical friends, and all concur with me that it is the very best instrument yet devised for displacements of the womb.

J. M. E., M. D.

